



07-01-02

PATENT

Practitioner's Book t No. 1001-053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Czaplicki et al.

Application No.: 09/847,252

Group No.: 1711

Filed: 05/02/2001

Examiner: Morton Foelak

For: TWO COMPONENT (EPOXY/AMINE) STRUCTURAL FOAM-IN-PLACE MATERIAL

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

RECEIVED  
JUL 8 2002  
TC 1700

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" Mail Label No. EV082542059US in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

*Roni L. Masquelier*

*Roni L. MASQUELIER*

(type or print name of person certifying)

Date: 06-27-02

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## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Addit. Fee
Total	20	Minus	20	= 0	x \$18 = \$0
Indep.	3	Minus	3	= 0	x \$84 = \$0
First Presentation of Multiple Dependent Claim + \$270 \$0					
=					
Total Addit. Fee \$0					

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-1097.  
If any additional fee for claims is required, charge Account No. 50-1097.

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Date: 6-27-02

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